



PSYCHIATRIC/BEHAVIORAL EMERGENCIES - ADULT

I. PURPOSE

To provide timely and appropriate treatment for patients that are violent, potentially violent, or who may harm themselves or others, including the potential use of restraints in the field or during transport.

II. FIELD ASSESSMENT/TREATMENT INDICATORS

Symptoms of suspected excited delirium may include the physically combative, extreme agitation, confusion and hallucinations, erratic behavior, profuse diaphoresis, elevated vital signs, hyperthermia, unexplained strength and endurance, and behaviors that include clothing shedding, shouting, and extreme thrashing when restrained.

This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment to establish scene-management control. Restraints should be applied by law enforcement whenever possible. If applied, an officer is required to remain available at the scene or during transport to remove or adjust the restraints for patient safety, per ICEMA Reference #9070 - Applying Patient Restraints Guidelines.

III. BLS INTERVENTIONS

- Approach patient in a calm and cautious manner.
- Ensure patent airway, obtain oxygen saturation and apply oxygen as needed.
- Restraint equipment must be either padded leather restraints or soft restraints (e.g., posey, velcro or seat-belt type).
- Apply four (4) point restraints as clinically indicated. Transport of a restrained patient should be in low to high Fowlers position. Transport of a patient supine or prone, while restrained, can affect respiratory function and constant monitoring of respiratory status is required.
- Perform cooling measures as clinically indicated.
- If suspected hypoglycemia, obtain a blood glucose.

IV. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.

V. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- If patient meets criteria for suspected excited delirium, administer Midazolam per ICEMA Reference #7040 - Medication - Standard Orders. Do not delay administration of Midazolam due to lack of vascular access as IM or IN is preferred in this circumstance. May repeat one (1) time using same method as first administered.
- Place on cardiac monitor. Continuous monitoring of a patient after administration of Midazolam is required.
- Obtain capnography, monitor waveform and numerical value. Apnea can be the result of the use of Midazolam and other medications.
- Once conditions are safe, establish IV.
- Base hospital may order:
 - For suspected excited delirium and suspected metabolic acidosis/hyperkalemia administer Sodium Bicarbonate, per ICEMA Reference #7040 - Medication - Standard Orders.

VI. REFERENCES

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
9070	Applying Patient Restraints Guidelines